



This *interim guidance* is intended to assist with the **assessment of risk, monitoring and work restriction** decisions for **ALL** health care workers (HCWs) with potential exposures to COVID-19. This guidance assumes a robust screening process is in place for all HCWs and access to expedient testing for those who fall into the **high** and **medium risk** categories described in this document.

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<b>Risk Factors (Potential Scenarios) – Case NOT WEARING MASK</b> Covid-19 positive patient/resident/client <b>with respiratory symptoms</b> that is <b>not wearing a mask</b> or face covering consistently during interactions with HCW (beginning 48 hours prior to symptom onset)	<b>Risk level</b>	<b>Contact Type</b>	<b>Work Restrictions for Asymptomatic HCWs and Recommended Monitoring</b>
HCW PPE: None	<b>High</b>	Close Contact	<b>Exclude</b> from work, self-isolate for 14 days after last exposure, active monitoring recommended
HCW PPE: Performing an <a href="#">Aerosol Generating Medical Procedure (AGMP)</a> (AGMP) & No N95 respirator/No eye protection	<b>High</b>	Close Contact	<b>Exclude</b> from work, self-isolate for 14 days after last exposure, active monitoring recommended
HCW PPE: Not wearing a procedural mask or not wearing it properly (no eye protection)	<b>High</b>	Close Contact	<b>Exclude</b> from work, self-isolate for 14 days after last exposure, active monitoring recommended
HCW: Wearing a procedural mask and no eye protection	<b>Medium</b>	Close Contact	<b>Exclude</b> from Work, self-isolate for 14 days after last exposure, active monitoring recommended
HCW PPE: Wearing all recommended PPE	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring with delegated supervision for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: Wearing all recommended PPE <b>except</b> gown and gloves	<b>Low</b> *	Non-Close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: No PPE; interaction greater than 2 meters apart and less than 15-minutes	<b>None</b>	Not a Contact	No work restrictions, continual self-monitoring and fitness for work mandatory screening



<b>Risk Factors (Potential Scenarios) – Case WEARING MASK</b> Covid-19 positive patient/resident/client <b>with respiratory symptoms</b> that <b>is wearing</b> a mask or face covering appropriately (source control covering mouth and nose)	<b>Risk Level</b>	<b>Contact Type</b>	<b>Work Restrictions for Asymptomatic HCW and Recommended Monitoring</b>
HCW PPE: None	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: Not wearing a procedural mask or not wearing it appropriately	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: Wearing a procedural mask but <b>NOT</b> wearing eye protection	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: Wearing all recommended PPE <b>except</b> gown and gloves	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: Wearing all recommended PPE	<b>Low</b> *	Non-close Contact	No work restrictions, continual self-monitoring and tracking for 14 days after last exposure and fitness for work mandatory screening
HCW PPE: No PPE; interaction greater than 2 meters apart and less than 15-minutes	<b>None</b>	Not a contact	No work restrictions, continual self-monitoring and fitness for work mandatory screening

**\*NOTE: Risk levels can be elevated:**

- If other infection control practices were not met (ie: Hand hygiene – 4 moments)
- If assessment by CDC/OHS determines that there was a risk of exposure
- If there was exposure to an environment where an AGMP was performed before particular settle time complete (up to 2 hours following the AGMP) without an N95
- Breach in PPE (ie: N95 becomes unsealed, eye protection becomes dislodged)
- Inconsistent use of mask/face covering by case



### **Important Note:**

*In the absence of respiratory symptoms*, a patient who has tested positive for COVID will be less likely to transmit the disease as they would not expectorate droplets as with coughing or sneezing. If a HCW is not wearing a mask or eye protection while providing care to a COVID patient without respiratory symptoms, and there is no direct exposure to infectious body fluids of the case (was coughed or sneezed on), the risk level would be LOW, and the HCW would have no work restrictions and is advised to continually self-monitor for symptoms of COVID. It is important for all staff to follow diligent infection prevention and control protocol, and utilize Point of Care risk Assessment (POCRA) to determine the type of PPE required while providing patient care.

### **Definitions**

**Close contact** is defined as a person who:

- Provided direct care for the case without consistent and appropriate use of recommended Personal Protective Equipment (PPE); OR
- Close prolonged ( $\geq 15$  minutes) contact within two metres of a confirmed COVID-19 case; OR
- Had direct contact with infectious body fluids of a case (e.g., was coughed or sneezed on) without the appropriate use of recommended PPE

**Non-close contact** is defined as a person who:

- Provided care for the case with consistent and appropriate use of PPE; OR
- Had prolonged ( $\geq 15$  minutes) contact but not was not within two metres of a confirmed COVID-19 case

**Not a Contact** is defined as a person who:

- Only transient interactions (e.g. walking by the case or being briefly in the same room) or as a result of local community transmission

**Health Care Worker** (HCW) is defined as:

- SHA practitioners and staff working within SHA facilities; licensed health care professionals working in community settings; staff and volunteer caregivers working in congregate living situations (including long term care and personal care homes); and staff employed in blood collection centres involved in the collection and distribution of the blood supply chain.



## Risk Levels

**High-risk exposures** refers to HCWs who have had prolonged close contact with patients with COVID-19 (beginning 48 hours before onset of symptoms or date of diagnosis if asymptomatic) who were not wearing a cloth face covering/facemask while HCW eye, nose and/or mouth were exposed to material potentially infectious with the virus causing COVID-19 (e.g., being present in the room for AGMP procedures that generate aerosols or when respiratory secretions are likely to be poorly controlled).

**Medium-risk exposures** refers to HCWs who had prolonged close contact with patients with COVID-19 (beginning 48 hours before onset of symptoms or date of diagnosis if asymptomatic) who were not wearing a cloth face covering/ facemask while HCW nose/mouth were covered but eyes were exposed to material potentially infectious with the virus causing COVID-19.

Some *low-risk* exposures may be considered *medium-risk* depending on the type of care activity performed. For example, HCW who was wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol generating procedure would be considered to have a medium-risk exposure. If an AGMP had not been performed, they would have been considered *low-risk*.

**Low-risk exposures** refers to brief interactions with patients with COVID-19 (beginning 48 hours before onset of symptom or date of diagnosis if asymptomatic) or prolonged close contact with patients (beginning 48 hours before onset of symptoms or date of diagnosis if asymptomatic) who were wearing a cloth face covering or facemask for source control. HCW PPE use of eye protection in addition to a facemask or respirator would further lower the risk of exposure. Low-risk exposures can be elevated dependent on point of care assessments and environmental factors.

**No-risk exposures** refers to interactions greater than 2 meters apart and less than 15-minutes

## Recommendations for Monitoring Based on COVID-19 Exposure Risk

***HCWs in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact the Provincial OHS Hotline (1-833-233-4403) for referrals for testing and to their local SHA OHS/EH/PH for assessment and medical evaluation prior to returning to work.***

### **High or Medium-risk Exposure Level**

HCWs in the *high or medium-risk* category should undergo active monitoring (tracking with OHS/EH/PH), self-isolation and restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any **fever\*** OR symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, myalgia, malaise) they should promptly call the OHS Hotline for referral to testing. Local SHA OHS/EH/PH will contact the HCW after testing for assessment and medical evaluation prior to returning to work.

### **Low-risk Exposure Level**

HCW in the *low-risk* category should perform self-monitoring and tracking (for potential contact tracing purposes) until 14 days after the last potential exposure. Asymptomatic HCWs in this category are not restricted from work. They should check their temperature twice daily and remain alert for symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, aches and pains, chills, headache, etc.). They should complete their fitness for work mandatory screening to ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they develop **fever\*** OR symptoms consistent with COVID-19 they



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should immediately self-isolate (separate themselves from others) and call the OHS Hotline for referral to testing. Local SHA OHS/EH/PH will contact the HCW after testing for assessment and medical evaluation prior to returning to work.

### No-risk Exposure Level

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCW having prolonged direct contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCW should still perform self-monitoring with and fitness for work mandatory screening as described under the low-risk exposure category.

\* **Fever** is either measured temperature  $\geq 38.0^{\circ}\text{C}$  or subjective fever. Note that fever may be intermittent or may not be present in those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of HCWs in such situations.

### Additional Scenarios:

- Refer to the asterisk \* above for scenarios that would elevate the risk level for exposed HCW. For example, HCWs who were wearing a gown, gloves, eye protection, and a facemask (instead of a respirator) during an AGMP would be considered to have a medium-risk exposure.
- HCWs not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a cloth face covering or facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCWs who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk

Adapted from Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

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